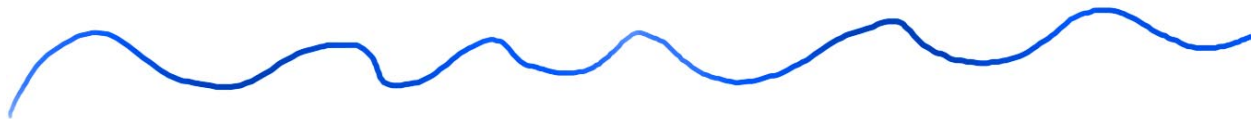


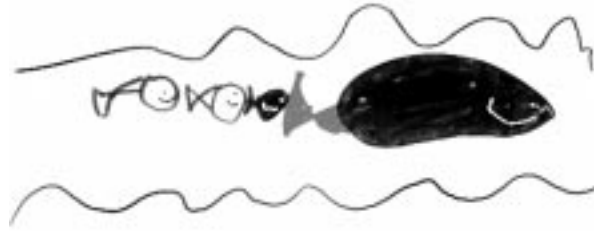
Children and Families First Commission of Ventura County

# STRATEGIC PLAN



*“An opportunity to bring  
about a future where  
all Ventura County children  
will thrive in healthy  
supported environments  
with loving and nurturing  
caregivers in the home and  
throughout the community.”*





# Acknowledgments



## **The Children and Families First**

Commission of Ventura County would like to acknowledge and extend their deepest appreciation to all the individuals who have given so generously of their time and expertise. The body of work as represented in this strategic plan is directly attributable to the contributions made by the individuals and organizations listed below.

One of the principal tenets of this process is collaboration and community involvement. From the

outset of our planning process we wanted to solicit the input from individuals and communities throughout the county. We believe our planning is stronger and more credible because of the sharing of diverse opinions. Thanks to the people listed below we feel we have succeeded.

The adoption of the strategic plan marks only the very beginning of our efforts. We will continue to seek the involvement from those who have participated thus far and from others in our community.

## Administration Committee

Barbara Fitzgerald,  
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*Filipino American Council of Ventura County*  
Keith Jajko, *County of Ventura*  
David Kaye, *Amgen*  
David Roland, *Ventura County Reporter*  
Jeanne Scott, *County of Ventura*





---

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*Ventura County Taxpayers Association*  
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*Center Point Mall Management*  
Ventura County Children, Families, and  
Community Commission (CCFC)  
City of Fillmore  
City of Oxnard  
Clinicas del Camino Real

Conejo Adult Education Parenting Program,  
Horizon Hills School, *Eileen Green*  
Easter Seals, Ventura, *Stephanie Levine*  
Fillmore Jr. High School, *Nancy Maxson*  
Gateway School, Camarillo Airport, *Kathy Auth*  
Human Services Agency, *Diana Caskey*  
Moorpark College, *Linda Cravens*  
Patagonia, *Anita Garaway Furtaw*  
R.A.I.N., *Diana Vogelbaum*  
West Oxnard Job Career Center,  
*Randy Feltman and Kathy Smith*  
Ojai Unified School District  
Pacific View Mall Management  
Parent Focus Group Participants  
Professional Focus Group Participants  
Public Forums Participants  
Simi Valley Boys and Girls Club, *Linda White*  
Ventura County Board of Supervisors  
Ventura County Counsel  
Ventura County Human Resources  
Ventura County Public Health Maternal Child and  
Adolescent Health  
Ventura County Superintendent of Schools

### Needs Assessments

Child Care Planning Council  
Local Investment in Child Care  
Ventura County Public Health –  
Maternal Child and Adolescent Health

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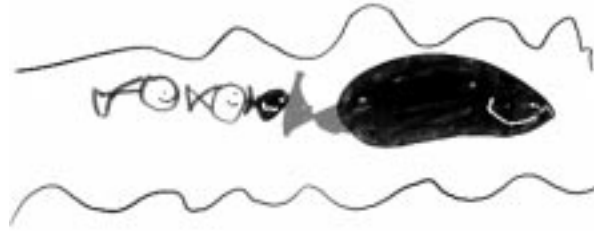
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# Introduction

**Proposition 10** was enacted by the voters of California to promote, support and improve early childhood development by enhancing the intellectual, social, emotional and physical development of children in California.

The **promise** of Proposition 10 lies in the irrefutable research on brain development, which finds that all children benefit from a nurturing, enriching and supportive environment. The first three years of a child's life are critically important to brain develop-

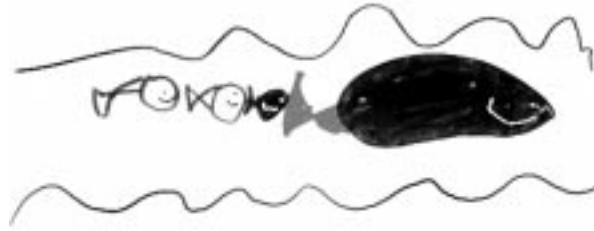


ment as trillions of brain cell connections are established forming the foundation for emotional attachment, thinking, language, vision, attitudes, aptitudes, and other characteristics.

The **challenge** of Proposition 10 is to create a "community where **every child** is a wanted child, that **every child** is born healthy, that preventable health and developmental problems are prevented and that **every child** receive those developmental inputs that will improve their lives."

Halfon, Gonzalez, Hochstein,  
"Building Bridges for California's Children:  
A 12 Point Legislative Agenda"





# Vision, Mission, Goals



**The Children and Families First** Commission of Ventura County has adopted the following vision, mission and goals as the foundation for this strategic plan.

## Vision

The Children and Families First Commission of Ventura County envisions a future where all Ventura County children thrive in healthy supported environments with loving and nurturing caregivers in the home and throughout the community. This future embraces the value of active partnerships between families, service providers, civic leaders, local business and the community at-large, honors and respects the diversity of our community and prioritizes the need to ensure optimal health and development for young children and their families.

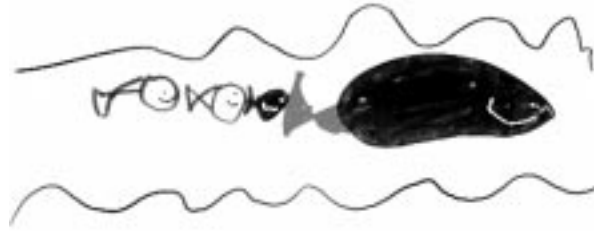
## Mission

Therefore, our mission is to create and maintain a community-wide effort that provides access to comprehensive, culturally competent, integrated and high quality prenatal and early childhood development services; enhances the potential for young children to engage in life-long learning; and supports the continuous improvement of environments critical to the health and well-being of children, from birth to five years of age and their families in Ventura County.

## Goals

- 1** Children will be emotionally, socially, and academically ready for school.
- 2** Children will be physically and mentally healthy.
- 3** Families will provide an environment that supports the physical, mental, emotional, social, intellectual, and linguistic development of their children.





# Overview of Strategies



**The Commission has adopted** the following strategies to ensure that a full array of preventive and support services are available to all children and families that need them. These strategies encourage the active participation of parents, the public, and private providers in building, maintaining and strengthening an integrated system of care for young children and their families. (A more detailed explanation of each strategy can be found in the “Programs, Services, Projects” section on page 31.)

Regardless of the specific strategy, it is the Commission’s intent that services be family-oriented, culturally and linguistically competent, coordinated and comprehensive.

## Goals

The Commission recognizes two distinct populations of children, those with, or at-risk of, delayed developmental outcomes where the emphasis is on improving functioning/development toward that of the larger population of children, and the rest of the age group where the goal is to improve the developmental functioning of all children.

The Commission will place a strong emphasis on supporting specific strategies that address the needs of children with special needs. Children with special needs are those who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.

## 1 Children Will Be Emotionally, Socially, and Academically Ready For School

The Commission will seek partnerships with new or existing providers of services to create “Neighborhoods for Learning”. Neighborhoods for Learning (NfL) will be multifaceted and incorporate school readiness programs, parent education, health services, and community support for children and families. Each NfL will be unique to the community in which it operates and reflect its culture and values.

## 2 Children Will Be Physically and Mentally Healthy

The Commission has two major areas of focus to improve health outcomes for children; access to quality healthcare services and health information and education. The Commission will seek partnerships with health providers to create universal home and community visitation programs. These programs will encompass family planning to prenatal care and delivery to post natal care and early childhood health care. Home and community visitation will focus on assessment, education, linkage and referrals. The Commission places priority on populations such as homeless families, migrant families, teen parents, children and families involved with Children’s Protective Services, and children with special needs as defined above.

The Commission is also seeking to expand and improve on how parents receive health information. Health information and education should focus on child development, community resources, insurance information, preventative health messages regarding tobacco and violence etc.





### 3 Families Will Provide an Environment That Supports The Physical, Mental, Emotional, Social, Intellectual, and Linguistic Development Of Their Children

The Commission believes that the most important success factor for young children lies in their home environment. There is a strong correlation between a family's capacity to promote the well being of their children and how well the children do from a health, intellectual, social and emotional perspective. Therefore, the Commission promotes the active involvement of parents, not just as recipients of services but as partners.

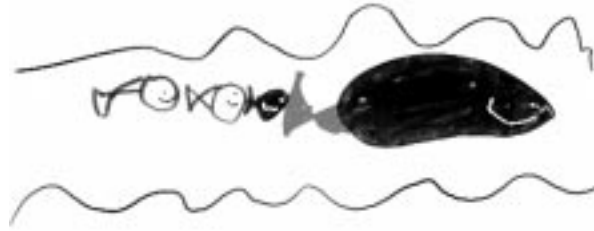
Specific strategies to promote family empowerment include the establishment of parent resource

specialists drawn from the community itself and available to parents as mentors. Case managers and information resources will also promote family strengthening. The Commission envisions using older adults in this capacity to create a multigenerational linkage for children and their parents.

Also, the Commission will be interested in ways to improve parents' access to reading materials via mobile reading centers, library linkages, and video resources, etc.

Finally, the Commission wants to ensure that families have access to quality child care and will develop specific strategies regarding subsidized child care.





## Projected Time Line



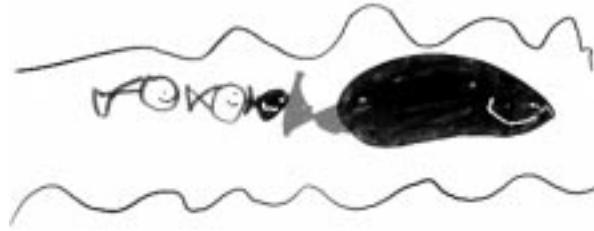
**The Projected Time Line represents** a general time frame for implementing the strategies in this plan. Projects will be phased in during the first year of operation. As the Commission's infrastructure is developed and can support the activities in this plan, funding will

be provided. One-time funded projects and the establishment of the Center for Excellence will be given first priority for start-up. Following this will be funding for:

Child Health . . . . . **Goal 2**  
 Family Strengthening . . . . . **Goal 3**, and  
 Neighborhoods for Learning . . . **Goal 1**.

Approve Strategic Plan	Release Request for Proposals	Proposal Submission	Complete Proposal Review	Complete Contract Negotiations	Approve Contracts	Begin Services
April 17	May 15	June 30	July 30	August 30	September 7	September 11
<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>September</b>	





## Background



**The Ventura County Board** of Supervisors passed County Ordinance 4192 on June 28, 1999 establishing the Children and Families First Commission of Ventura County subsequent to the passage of Proposition 10 in November 1998. The Board recognized the importance of collaboration in the planning and implementation of Proposition 10. Therefore they required Commission members be selected from the Ventura County Children, Family, and Community Commission.

The nine member Commission includes:

Supervisor Kathy Long

*Chair*

Charles Watson

*Vice Chair*

*President and CEO Interface Children and Family Services*

Debbie Bergevin

*Ventura County Work/Family Coordinator*

Barbara Fitzgerald, Director

*Ventura County Human Services Agency*

Jan Iceland

*Oak Park School District Trustee*

Julie Irving

*Executive Director, Child Development Resources of Ventura County, Inc.*

Dr. Robert Levin

*Ventura County Public Health Officer*

Bedford Pinkard

*Oxnard City Council Member*

Dr. Charles Weis

*Ventura County Superintendent of Schools*

The major components of the planning and strategic plan development process were:

- **Community outreach and focus groups** informed the public on the goals of Proposition 10 and received input into the needs of children and families from diverse groups of parents and professionals. Over 125 parents and 60 professionals participated in small focus group discussions. Input was received from all segments of the community. Parent groups included teen parents, parents with limited English proficiency, parents participating in the CalWORKs program, parents currently enrolled in parent education classes and parents with special needs children. Focus groups met in Moorpark, Thousand Oaks, Oxnard, Santa Paula, Fillmore, and Ventura. Likewise, professionals were selected from a cross section of providers and disciplines including health care, higher education, early childhood education, protective services, county and local school districts, etc. In addition, approximately 50 persons participated in the 3 public hearings.

*(We invite readers to review the information in the Appendix to gain the full range of thoughts and ideas that are too numerous to summarize here. In particular, consider the special needs of various populations such as homeless families, as well as the abundance of common themes and threads.)*





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## BACKGROUND

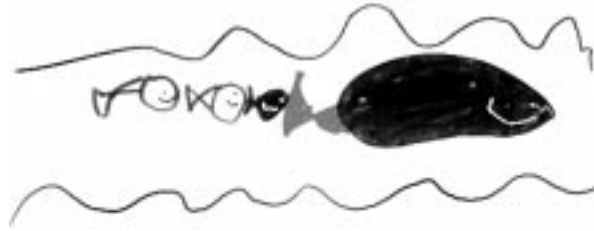
- **A Parent Survey** designed to add additional information from county parents. 540 responses were received. The results of the survey have been incorporated in the needs assessment and used to assist in the formulation of the strategies. (See appendix for the survey and results.)
- **Data analysis** was used to develop a comprehensive portrait of the status of children and families from among the general public and from specific target populations, i.e., CalWorks, homeless, teen parents, domestic violence and child abuse/neglect.
- **Building upon existing current reports** describing the needs of young children and their families, the Commission was the beneficiary of several current needs assessments and strategic planning reports. Specifically, the 1999 Ventura County Child Care Needs Assessment conducted by the Ventura County Child Care Planning Council did an excellent job in detailing the child care needs in the county. The Ventura County Public Health — Maternal Child and Adolescent Health's "Community Health Assessment and Local Plan 2000-

2005" provided important information regarding health needs of young children and their families. The 1999 Local Investment in Child Care Study highlighted the importance of quality child care as it pertains to our local economy.

- **Committees** have been established to focus on specific areas needed for the completion of this plan. The committees are: administration — to develop the administrative structure; community outreach and education — to develop short and long term plans aimed at engaging and informing the general public as well as specific target groups on childhood development, parenting, and services; finance — to develop strategies for the allocation of money for service delivery and investment options; and program/evaluation — to analyze data from the information gathering efforts and make recommendations on program strategies. Each committee has been comprised of commission members and representatives from throughout the county.

*(See acknowledgment for committee members.)*





# Partnerships



**The Commission recognizes** the importance of forming strong partnerships with different segments of our community and that the interests, strengths and motivations of each are unique. This section identifies our partners and our shared responsibilities, challenges, opportunities and strategies.

## Parents

The Commission would like to acknowledge the hundreds of parents throughout Ventura County for taking the time to share their ideas in focus groups, public hearings and our parent survey.

All participants have helped us immensely in understanding how to make our community a better place for our children and families.

Proposition 10 gives specific authority and responsibility to the Commission in its effort to improve the lives of children and families. Parents, being the most important people in their children's lives, represent our most important partner. Engaging parents, as partners will facilitate providing families with the kind of community environment, supports and services that allow them to fully meet their children's needs. As we talked with parents about the specific goals of Proposition 10, it is clear we share their same hopes and dreams.

### Purpose

- To use parents as experts on the health and development of their children and as meaningful partners in our efforts to achieve the objectives in this plan.
- To improve access to prenatal and early childhood

development resources and services.

- To ensure services are "family friendly."
- To honor the rich cultures and languages of the home.

### Strategies

- Establish a Parent Advisory Group responsible for:
  - reviewing and recommending policies and program allocations;
  - providing input into programs and system evaluations; and giving input on issues of concern to parents throughout the County.

- Include parent satisfaction surveys as part of the overall evaluation plan.
- Parents will participate in the development of parent education and skill building programs.
- Parents will participate in the development of public education and outreach campaigns.

*Parents,  
the most  
important people  
in their  
children's lives,  
are our most  
important partner.*

## Public Sector

Cities, the County, and the School Districts throughout Ventura County have a significant impact on the lives of children and their families on a day-to-day basis. The Commission sees the implementation of this strategic plan as a milestone opportunity





to bring us together and create a sharing around enhancing the lives of young children.

#### Purpose

- To coordinate, collaborate and integrate policies that impact young children and families.
- To maximize resource efficiency and effectiveness.

#### Strategies

*This is an opportunity to bring the public sector together to enhance the lives of young children.*

- Coordinate planning efforts with the Ventura County Children, Family and Community Commission.
- Develop resource leveraging partnerships.
- Implement “reinvestment” pilot programs.
- Collaborate to ensure that all children have adequate housing
- Collaborate on grant applications to expand services.
- Develop and adopt “family friendly” policies.

#### Private Sector

In the recently released Local Investment in Child Care report (LINCC 1999), the impact of child care, child development, families and the workplace was well chronicled. The report highlights the importance for the Commission to actively pursue and involve members from the private sector in this process.

Fifty-five percent of children ages 0 to 5 in Ventura County live in families where there are two employed parents or an employed single parent (head of household). This reality creates a shared responsibility between employers and the Commission to fortify our families. Research clearly shows that parents, who feel their families needs for quality child care, health and school are sufficiently being addressed, make good employees.

#### Purpose

- To coordinate, collaborate and integrate policies and programs regarding child care and family strengthening practices.

#### Strategies

- Develop a partnership between employers, the Child Care Planning Council and the Commission to increase the number of quality child care spaces.
- Convene business leaders, providers, and the Commission to discuss and overcome impediments to family-friendly initiatives and to develop solutions that are long-term and far reaching.
- Participate in the development and implementation of a community outreach and education campaign to provide a quality child care force and informed family consumers of child care.

#### Service Providers

The Commission must enlist the participation and support from the myriad of child care providers, health professionals, educators and other community based organizations to work towards creating and sustaining an integrated system for young children and their parents. This will challenge us to think and act differently. The Commission is intent on utilizing its resources to improve access and to increase the quality of services. Integration of services, collaboration between service providers and cultural competency are hallmarks of our efforts.

#### Purpose

- To create the most effective and efficient resource and service system for young children and families.

#### Strategies

- Develop a system of comprehensive, integrated, and high quality services.
- Participate in the development and implementation of a public education and outreach campaign.
- Increase the quantity and quality of providers





## Community At Large

The community at large is responsible, via the passage of Proposition 10, for setting in motion the opportunities to improve the health and development of children. This opportunity allows us to build bridges, establishing both formal and informal networks among community resources for optimum child development. An important by-product of the implementation process has been to heighten our community's awareness of the needs that young children and their parents have.

### Purpose

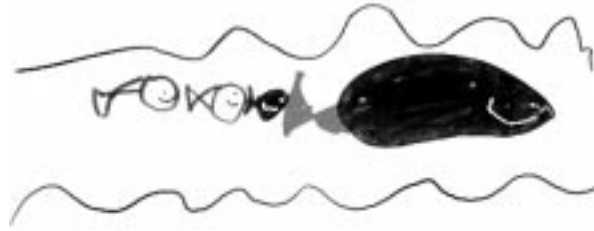
- To promote community environments that support family strengthening and optimal child development.
- To sustain a high level of public awareness on the activities of the Commission.

- To seek the participation of segments of the larger community who heretofore have not been involved in such efforts.

### Strategies

- To conduct an ongoing community outreach and social marketing campaign.
- Engage the community in a strategic relationship with the Commission to optimize our ability to improve services.
- Expand opportunities for community members to participate in the ongoing standing and ad hoc committees.
- Develop opportunities for community members to become direct service providers.
- Enlarge the [www.vcchildren.org](http://www.vcchildren.org) Website to include more parenting, health, child development, and other practical information.





## Allocation Recommendations



**Ventura County will receive** an estimated \$11.7 million dollars per year from revenues derived from Proposition 10. The increase tax on tobacco products went into effect on January 1, 1999 and revenues have been accruing since that time. The allocation summary in *table 1* (page 16) identifies budget amounts for annual operations estimating \$11.7 million. In addition, one-time funded special accounts have been designated for barrier reduction, high impact/innovation projects, operating reserves and community investment funds. These activities will be supported by revenue accrued since January 1999 through the commencement of funding for ongoing operations. The Commission has adopted the following allocation principles to determine how resources are allocated to achieve the identified goals, objectives and outcomes of this plan.

- Funding for administration will be kept to a minimum, up to 5.5% of annual revenue.
- To create an optimal strategic impact, program funds and activities should:
  - Support the prioritized goals in the strategic plan.
  - Show evidence of effectiveness.
  - Identify gaps where Proposition 10 funds are most needed.
- Support programs and activities for which there may be no other resources or for which additional resources may be needed.

- Promote inclusion by funding programs and activities that:
  - Are responsive to the diverse needs of our community.
  - Have been shaped by community input.
- Move toward service integration. The Commission should fund programs and activities that:
  - Reduce fragmentation of existing services and avoids duplication.
  - Makes services more accessible and comprehensive.
  - Support shared decision-making and shared resources among partners who need each other in order to succeed.
- To the extent possible, use Proposition 10 funding to draw upon local, state and/or federal matching funds and/or to attract private contributions.
- Build on strengths/capacity. Fund programs and activities that:
  - Take advantage of organizational and neighborhood assets.
  - Help participants to further develop their capacities to promote the well-being of the children and families.

*Table 2* (page 17) delineates the specific allocations for Neighborhoods for Learning by geographic area based on expected revenues of approximately \$11,700,000. Descriptions of the types of services and programs to be considered for funding under each category can be found in the “Programs, Services, Projects” section (page 31).





ALLOCATION RECOMMENDATIONS

## Annual Operating Plan

Funding Category	Funding
Children will be emotionally, socially, and academically ready for school.	\$ 6,475,000
Children will be physically and mentally healthy	\$ 1,619,000
Families will provide an environment that supports the physical, mental, emotional, social, intellectual, and linguistic development of their children	\$ 1,619,000
Center for Excellence in Early Childhood Development <ul style="list-style-type: none"><li>• Training and Development</li><li>• Special "Needs" Studies</li><li>• Resource and Capacity Development</li><li>• Community Partnerships</li><li>• Evaluation — Results Accountability</li></ul>	\$ 1,079,000
Community Education Projects	\$ 265,000
Administration	\$ 643,000
<b>Estimated Total</b>	<b>\$ 11,700,000</b>

TABLE 1





## ALLOCATION RECOMMENDATIONS

### Allocation Plan for Neighborhoods for Learning

The allocation plan for Neighborhoods for Learning is based on three principles:

- 1 That all children have access to services funded by the Commission;
- 2 That special consideration be given based on need; and
- 3 That funding provided by the Commission be

leveraged to the maximum extent possible with other funding sources.

The distribution of funds is calculated on a per capita basis of children up to age 5 within a designated area (1/3), on school readiness factors as determined by child care waiting list data and the Stanford 9 academic test (1/3), and income as determined by income per household and the percentage of children on free or reduced lunch programs (1/3).

### Neighborhoods for Learning Allocation Methodology

Area	Population Ages to 5 years	Per Capita Ages to 5 years	School Readiness	Income	Estimated Total
<b>Conejo Valley</b> • Thousand Oaks • Oak Park • Newbury Park • Westlake	10,253	\$ 308,000	\$ 100,000	\$ 125,000	\$ 530,000
<b>Santa Clara Valley</b> • Fillmore • Piru • Santa Paula	5,337	\$ 160,000	\$ 190,000	\$ 237,000	\$ 590,000
<b>Ojai Valley</b> • Ojai • Meiners Oaks • Oak View • Casitas Springs	2,741	\$ 82,000	\$ 45,000	\$ 106,000	\$ 230,000
<b>Pleasant Valley</b> • Greater Camarillo • Somis	5,825	\$ 175,000	\$ 140,000	\$ 179,000	\$ 495,000
<b>Oxnard Plains</b> • Oxnard • Port Hueneme • El Rio	22,127	\$ 664,000	\$ 940,000	\$ 894,000	\$ 2,500,000
<b>Moorpark/Simi Cooridor</b> • Moorpark • Simi	15,769	\$ 473,000	\$ 410,000	\$ 318,000	\$ 1,200,000
<b>Greater Ventura</b> • Ventura • North Coast • Saticoy Beach	9,708	\$ 291,000	\$ 340,000	\$ 298,000	\$ 930,000
<b>Estimated Totals</b>	<b>71,758</b>	<b>\$ 2,153,000</b>	<b>\$ 2,165,000</b>	<b>\$ 2,157,000</b>	<b>\$ 6,475,000</b>

TABLE 2





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ALLOCATION RECOMMENDATIONS

Table 3 is the plan for one-time projects and investments. The revenue of \$17,400,000 is based on an estimation of the accrued revenue from January 1, 1999 through June 30, 2000. Descriptions of the specific funding categories can be found in the “Programs, Services, Projects” section (page 31).

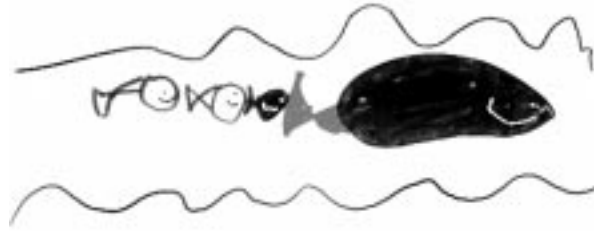
### One-Time Projects and Investment Funds

Funding Category	Funding
Start-up Costs	\$ 300,000
Barrier Reduction Grants	\$ 1,000,000
High Impact/Innovation Project Grants	\$ 900,000
Operating Reserves	\$ 200,000*
Community Investment Grants	\$ 2,000,000
Endowment Fund	\$ 13,000,000
<b>Estimated Total</b>	<b>\$17,400,000*</b>

TABLE 3

\* Revenue accrued from July 1, 2000 until the actual start of program operations will be placed in the operating reserves fund to assist in initial cash flow and start-up expenses for funded programs. The amount of revenue to be placed in this account is unknown at this time.





# Needs Assessment



**Proposition 10 establishes** the framework for assessing the needs of young children and their families. The Act [Health and Safety Code Section 130125(b) ] states that programs and services are designed to “promote, support and improve early childhood development to enhance the intellectual, social, emotional and physical development of children...”

*Moorpark and Camarillo have the highest growth rate percentages of 0 to 5 year olds at 15%*

This needs assessment was designed to identify the specific needs of children and families, community strengths (assets), service delivery gaps, and opportunities for improvement and development. Emanating from the body of needs assessment data, the Commission developed its specific goals, objectives and strategies which are delineated in the following section.

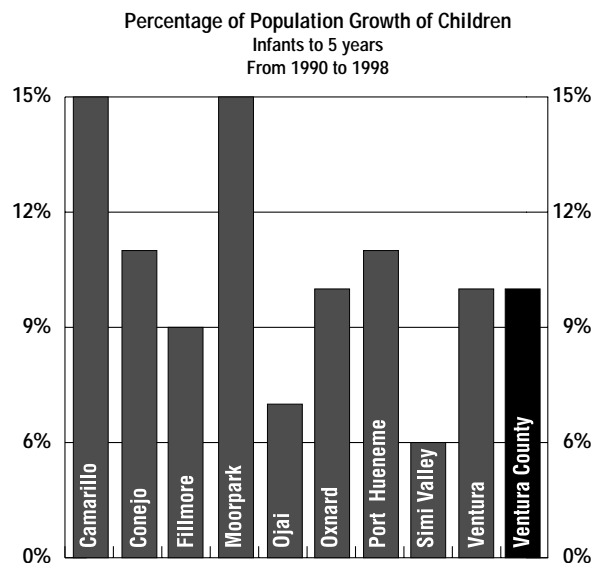
## Characteristics of Children 0 to 5 and Families in Ventura County

- Ventura County has a population of approximately 750,000 people of which an estimated 71,758 are children between 0 and 5 years of age.

- Over the past 4 years the number of births has remained relatively constant from a high of 11,983 in 1995 to 11,554 in 1998.

## Ventura County Growth Rate Estimates for Children Five Years Old or Younger

The data found on *graph 1* indicated that the fastest rate of growth of the young child population is in the Camarillo and Moorpark areas.

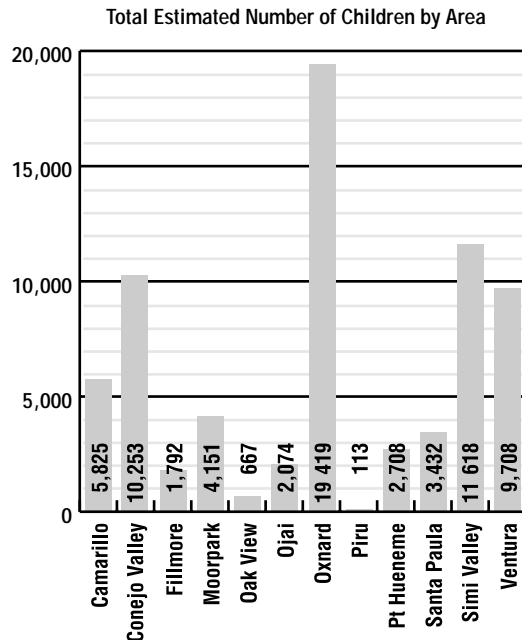


SOURCE: 1999 CALIFORNIA CHILD CARE PORTFOLIO.  
NOTE: DATA WERE MISSING FOR SOME AREAS OF THE COUNTY.  
GRAPH 1





The data in *graph 2* show the total estimated number of children for the major cities/areas of Ventura County.



**Total estimated 0-5 year old children  
in Ventura County: 71,758**

SOURCE: CALIFORNIA NOW, CALIFORNIA COUNTY DATA BOOK, 1999  
GRAPH 2

*Births  
to mothers  
less than  
20 years old  
has declined  
by 2% or 208*

In 1998, 620 children were considered as low birth weights babies and an additional 102 were considered very low. According to the recently released Maternal Child Adolescent Health “Community Health Assessment and Local Plan” that from 1990 through 1997 the county had a statistically significant lower incidence of low birth weights than the State. However, a reverse in this trend began appearing in 1997. The report also cited a disparity in low

birth weights by ethnicity with African-Americans having twice the percentage as Hispanics or Whites.

The teen birth rate has been decreasing among adolescent females over the past six years and is significantly below that of State incidences per 1,000.

Ventura County’s median family income, at \$63,100 is approximately \$5,000 above the State’s median family income. Despite the county’s relative affluence, a significant number of families live in poverty. An estimated 34% of all County children live below the federal poverty level. 12% or 7,648 children under the age of five live in poverty in Ventura County.

Poverty and ethnicity are important factors related to school readiness. Based on information in the 1999 California Research Bureau’s report entitled “Who is Least Likely to Attend Pre-school?”, two-thirds of children not in preschool are in families with incomes of \$30,000 or less. In comparison, 33% of children in families with incomes between \$50,000 and \$75,000, and 22% of children in families with incomes of \$75,000 or more are not in preschool. Only 24% of Latino children attended preschool in comparison to 57% of White children, 41% Asian children and 43% of African-American children.

Poverty and low income is also related to having health insurance. According to the UCLA Center for Health Policy Research, 16% or 34,112 children ages 0 to 18 in Ventura County do not have health insurance coverage.

As reported in the 1999 Local Investment in Child Care Study there is a severe shortage of quality child care slots. In Ventura County there are approximately 29,637 licensed child care slots avail-

*Over 7,000  
children  
under the  
age of 5  
live in  
poverty in  
Ventura County*



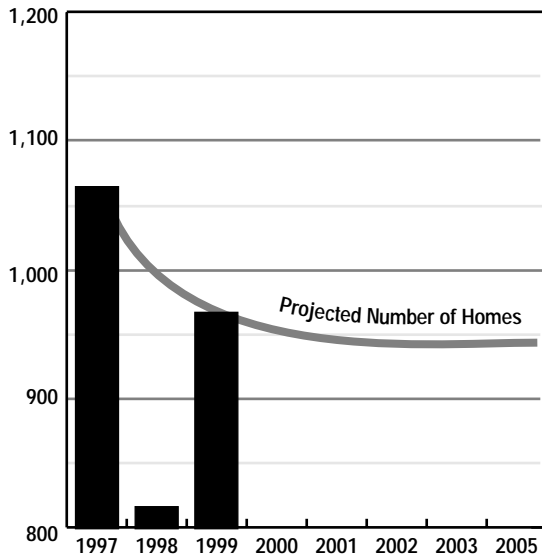


## NEEDS ASSESSMENT

able for the 96,810 children under the age of 14 with a single parent or both of their parents working. The 1999 California Child Care Portfolio estimates that about 50% of children aged zero to five years old attend child care outside the home.

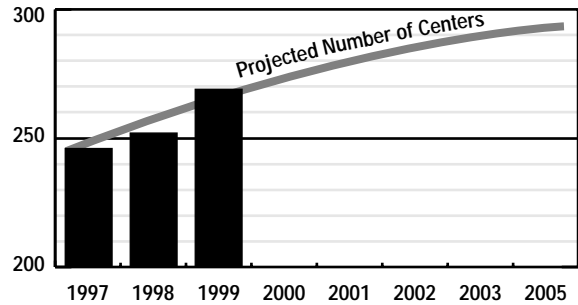
The graphs (*graphs 3-6*) below appears to indicate a shift from home-based care to center-based child care services. This suggests that child care in Ventura County may be moving toward a more formal structure.

The Number of Homes



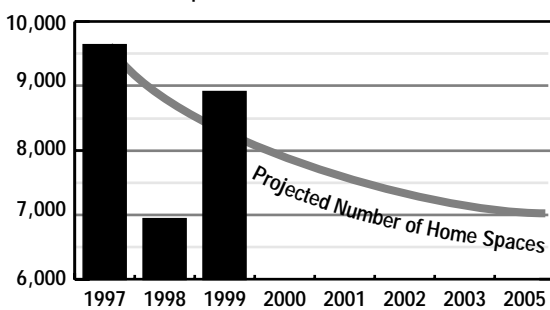
GRAPH 3

The Number of Centers



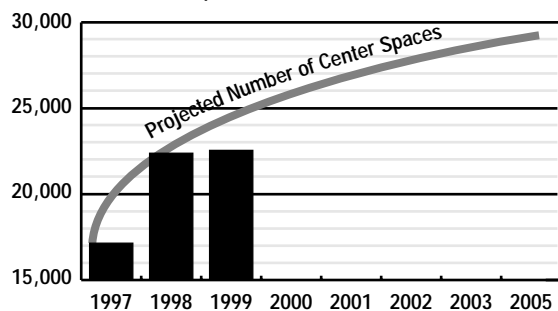
GRAPH 5

The Number of Home Spaces



GRAPH 4

The Number of Center Spaces



GRAPH 6

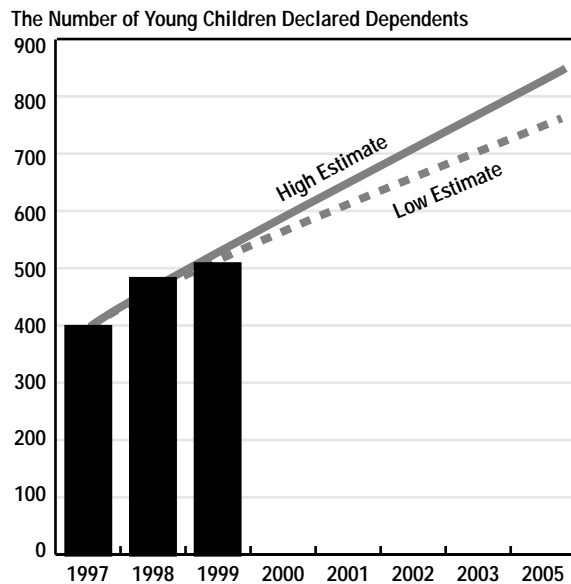




## NEEDS ASSESSMENT

According to research done by WestEd in 1997, *“the child who is reared in an unpredictable, abusive neglectful environment will have a brain that has developed to view the world as chaotic, violent, frightening, or devoid of nurturance.”*

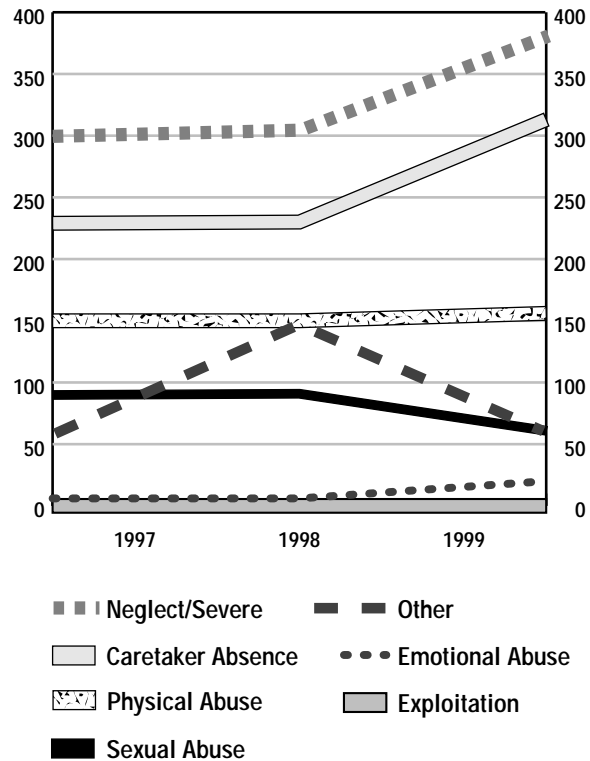
Graph 7, below, shows that the number of children (ages zero to five) declared to be dependents of the court has increased by 25% in the past three years in Ventura County.



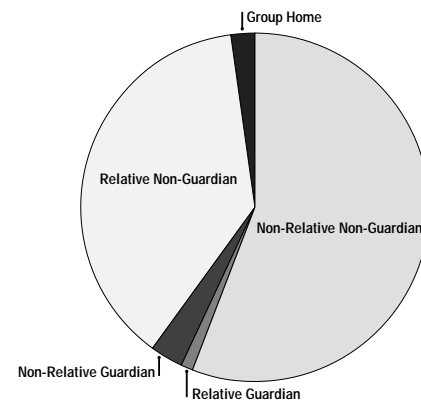
GRAPH 7

The reasons why these young children are removed from their homes are shown in Graph 8. The leading cause of removal from the home is neglect and severe neglect (36%), followed by caretaker absence.

**The Reasons Why Children Are Removed From Their Homes**



GRAPH 8



GRAPH 9

Graph 9 shows the types of placements into which very young children are placed

(these data are for FY 98-99). The majority of children (56%) are placed with “Non-Relative/Non-Guardians,” and with “Relatives, Non-Guardians” (38%).





## NEEDS ASSESSMENT

### Focus Groups

The project conducted a number of focus group sessions with professional groups and with parent groups. The sessions elicited information from participants about their perceptions of the needs of young children. The various issues raised in these

sessions were recorded. Commission staff compiled the resulting information, reviewed the results and sifted through the documentation to identify the themes that could be found. *Table 4* below summarizes the findings

### Focus Groups and Need Assessments Results

#### PROFESSIONAL FOCUS GROUP

Resource Centers	Safety	Support/Education/ Mentoring	Quality Child Care/ Early Education	Health Care
<ul style="list-style-type: none"> <li>• One Stop</li> <li>• Multi-disciplinary teams</li> <li>• Case management — Continuity of care</li> <li>• Health care</li> <li>• Mobile &amp; home visits</li> <li>• Outreach</li> <li>• Media</li> <li>• Collaboration</li> <li>• Primary prevention</li> <li>• Culturally competent</li> </ul>		<ul style="list-style-type: none"> <li>• Focus on parents</li> <li>• Focus on providers</li> <li>• 800 Help line</li> <li>• While in Hospital</li> <li>• Peer educators (Pro-modoras)</li> <li>• Recruitment of new groups and individuals</li> <li>• Culturally competent</li> </ul>	<ul style="list-style-type: none"> <li>• Subsidized</li> <li>• At work sites</li> <li>• Culturally competent</li> <li>• Special needs (incentives)</li> <li>• Early HeadStart</li> <li>• Culturally competent</li> <li>• CalWORKS</li> <li>• Living wage</li> </ul>	<ul style="list-style-type: none"> <li>• Full Access</li> <li>• Pre/post/ Early Childhood</li> <li>• Comprehensive</li> <li>• Primary prevention</li> <li>• Culturally competent</li> </ul>

#### PARENT FOCUS GROUP

Resource Centers	Safety	Support/Education/ Mentoring	Quality Child Care/ Early Education	Health Care
<ul style="list-style-type: none"> <li>• Hotline</li> <li>• Media (booklets, etc.)</li> <li>• Easy access to information, expanded time of day</li> <li>• Outreach</li> <li>• Home visits</li> <li>• In each community</li> <li>• Qualified personnel</li> <li>• Parent resource center, open additional hours (Parent co-op model)</li> </ul>	<ul style="list-style-type: none"> <li>• Safety</li> <li>• Individual</li> <li>• School Safety</li> <li>• Community</li> <li>• Environmental (pesticides, poisons, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on parents</li> <li>• Education, discipline, self-improvement</li> <li>• 800 Help line</li> <li>• Increase professional training</li> <li>• Respite care</li> <li>• Developmental milestone education</li> </ul>	<ul style="list-style-type: none"> <li>• Screening and assessment for learning skills</li> <li>• Flexible hours</li> <li>• Accessible locations</li> <li>• Continuity of care</li> </ul>	<ul style="list-style-type: none"> <li>• Health education</li> <li>• Home visits</li> <li>• Health screening &amp; assessment</li> <li>• Prenatal health care</li> <li>• Nutrition</li> <li>• Teratogens (smoking, etc.)</li> <li>• Full access (proximity, locations, specialists, etc.)</li> <li>• Improved insurance access</li> <li>• Insurance information</li> <li>• Pre/post/Early childhood</li> </ul>

TABLE 4





## NEEDS ASSESSMENT

### Focus Groups and Need Assessments Results — Continued

#### MATERNAL CHILD AND ADOLESCENT HEALTH STUDY

Resource Centers	Safety	Support/Education/ Mentoring	Quality Child Care/ Early Education	Health Care
<ul style="list-style-type: none"> <li>• Collaboration and linkages</li> </ul>	<ul style="list-style-type: none"> <li>• Family violence prevention (training professionals, home visitors, public educators)</li> <li>• Health safety curriculum, environmental health</li> </ul>	<ul style="list-style-type: none"> <li>• Provider education</li> <li>• Social marketing and media outreach</li> <li>• Education for community organizations, churches, business</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive screening</li> <li>• Health care linkage and consultation</li> </ul>	<ul style="list-style-type: none"> <li>• Information dissemination</li> <li>• Dental</li> <li>• Mental health</li> <li>• Comprehensive screening</li> </ul>

#### CHILD CARE PLANNING COUNCIL NEEDS ASSESSMENT

Resource Centers	Safety	Support/Education/ Mentoring	Quality Child Care/ Early Education	Health Care
<ul style="list-style-type: none"> <li>• In home assessment and support</li> <li>• Resource and referral outreach</li> <li>• Coordinated waiting list</li> <li>• Use of school sites as child care centers</li> <li>• New partnerships between business and community</li> </ul>		<ul style="list-style-type: none"> <li>• Training for parents and providers</li> <li>• Technical assistance to providers</li> <li>• Facility upgrades</li> <li>• Support to acquire accreditation</li> <li>• 800#</li> <li>• Respite care</li> <li>• Social marketing</li> <li>• Training for special needs population</li> <li>• Recruitment of new providers</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity expansion</li> <li>• Flexible hours</li> <li>• Subsidized care</li> <li>• Increased access of: migrant, special needs, "dependent" children, teen parents, mildly ill</li> <li>• Work site expansion</li> </ul>	<ul style="list-style-type: none"> <li>• Link health care providers to child care centers</li> <li>• In home assessment and support</li> </ul>

#### PUBLIC FORUMS

Resource Centers	Safety	Support/Education/ Mentoring	Quality Child Care/ Early Education	Health Care
<ul style="list-style-type: none"> <li>• Integrate health, mental health and preschool</li> </ul>		<ul style="list-style-type: none"> <li>• Resource and referral information for parents</li> <li>• Parenting programs including mobile programs that affiliate with schools and preschools</li> </ul>	<ul style="list-style-type: none"> <li>• Universal preschool</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health</li> </ul>

TABLE 4 — CONTINUED





## Preliminary Parent Survey Results Summary

The Commission conducted a parent survey to assist in the development of this plan and for future policy and program planning. 540 parent surveys were collected representing more than 1,200 children. Fifty-two percent of parents were Latino, 34% were Caucasian, 4% were African American, the remainder were from other ethnic groups. Of 404 people responding to the question: "In what County were you born?" 245 said in the USA and 129 said in Mexico. 86% of the respondents were women and 14% were men. Thus representing a strong women's view on child care issues in Ventura County.

### Overall Findings

Most respondents said they have children, and about 60% go to child care, about 20% say they get in-home child care. About 30% say they need more child care help.

The most frequently cited child care problem is with cost. After that transportation, hours of operation, lack of openings, location and special needs. A few also said that they had had specific problems with providers. Most respondents said their child care is good, and that it is safe.

Slightly more than two-thirds have insurance for themselves and their children. The breakdown of insurance types listed is shown in *graph 12* (page 22). About an equal proportion have Medi-Cal and private insurance.

Financial problems seem to be a serious matter for a large proportion of the survey takers. Respondents were asked: "During the past month, did you generally have enough money for . . . the various items listed?" Many said they did not. These included 60% who said they did not have enough money for social activities, 51% for transportation, 42% did not have enough money for clothes. Furthermore, 30% did not have enough money for housing, and 24% needed money for food. Only 36% said they were employed (but this could be biased by the number of women respondents).

Overall, parents appear satisfied with the care their children receive. However, availability and

affordability were mentioned most often as problems. Paired with satisfaction with their own child care, this seems to suggest that quality is perceived as good, but quantity is lacking. Finding child care may be hard but once you get it, everything is okay.

When asked about their children's health, 10% of those with very young children (0-5 years of age) rate their health as fair or poor. In addition, 15% with very young children said they have a special need, and 7% said their children do not live at home. Of those with very young children, 85% said those children had no special needs, and overall 80% of children have no special needs.

### Child Care Costs

Across the income scale, people see child care cost as a problem. It would have been expected that people with lower incomes would be more likely to report child care costs as a problem. Possibly people in lower income brackets pay less for child care, thus eliminating this possible effect.

However, by the survey reports, neither facility based child care nor in home child care costs go up with income. This suggests that child care costs are relatively constant across income levels.

The perception that child care cost is a problem is only somewhat related to its cost. This suggests that some efforts to keep a cap on child care costs may be beneficial.

Marital status has an effect on the perception of child care costs being a problem. Married and partnered people are much less likely to say it is a problem than single people.

When asked how many people in their household work, 44 said none, 189 said one person, 146 said two and 26 listed more than two people working.

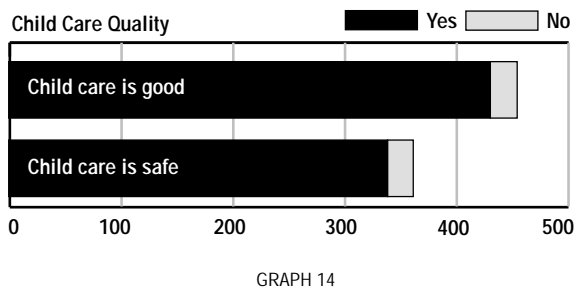
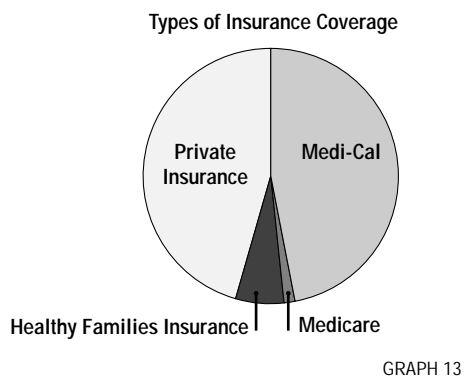
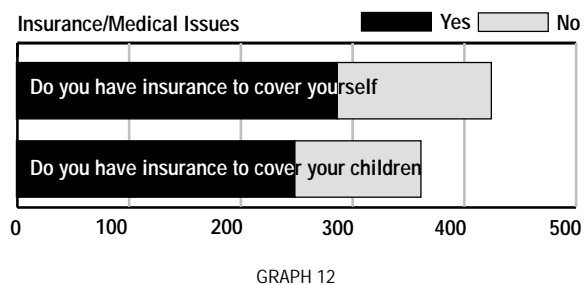
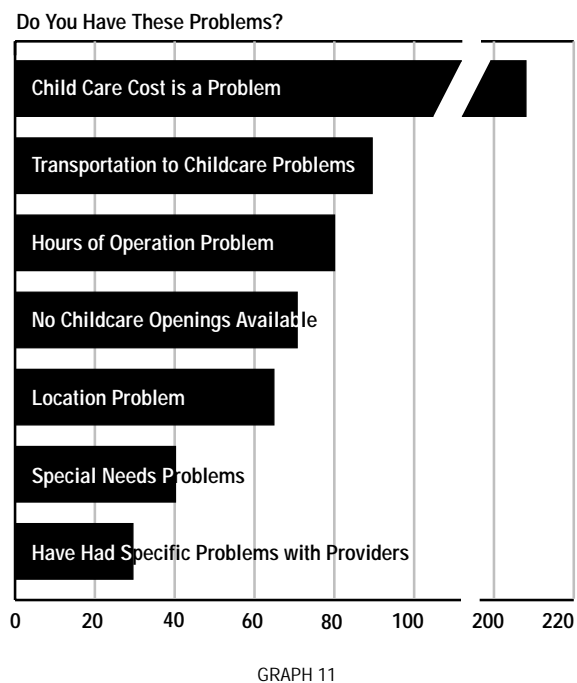
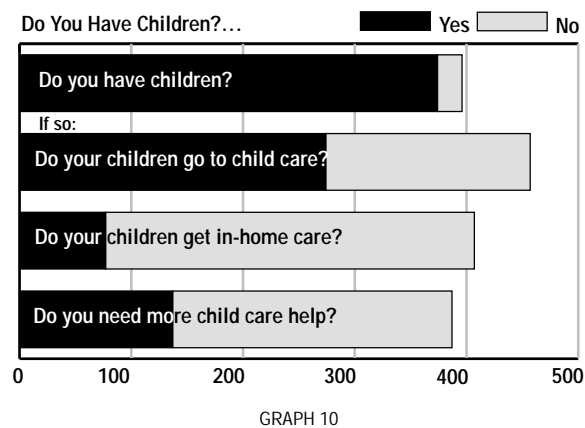
*Overall,  
parents  
appear  
satisfied  
with the  
child care  
their  
children  
receive.*





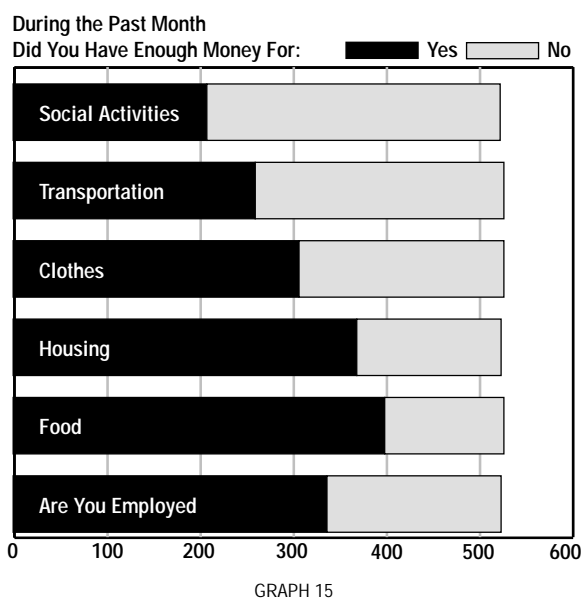
## NEEDS ASSESSMENT

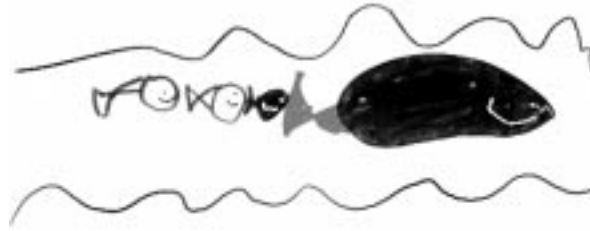
### Parent Survey Results Summary





## NEEDS ASSESSMENT





# Goals and Indicators



**The essence of this strategic plan** is to weave the Commission's vision and mission into a set of tangible goals and objectives from which to develop specific indicators and strategies. *Table 5* below depicts the overarching goals-or long-term statement of desired change within the three main areas, and potential indicators to measure whether the goals have been achieved. Although described separately, there is a strong interrelationship between all three areas. Strategies that prove to be effective will likely impact multiple areas.

As the Commission implements its strategic plan, performance measures will be selected to

assist in identifying whether the plan is on target to achieve the desired outcomes or modifications are necessary. It is anticipated that some changes will be necessary as the "experience" factor takes hold.

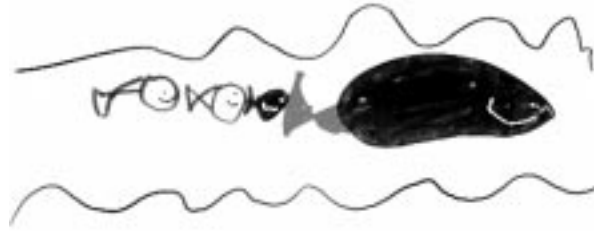
Of the potential indicators available to measure the effectiveness of the programs, the Commission has selected those that say something of central importance about the result and that data is accessible and available on a regular basis.

The ultimate test of the effectiveness of this plan is determined over the long-term. The Commission understands that it will take time before the results are fully known and therefore, is committed to measuring change over time.

Goals	Indicators
<b>1</b> Children will be emotionally, socially, and academically ready for school.	<ul style="list-style-type: none"> <li>• Participation in quality early care and development programs</li> <li>• Decreased percentage of children referred to school success teams or its equivalent</li> <li>• Increased school attendance</li> <li>• Increased percentage of children ready to enter kindergarten</li> </ul>
<b>2</b> Children will be physically and mentally healthy.	<ul style="list-style-type: none"> <li>• Increased immunization rates</li> <li>• Decreased number of low birth weight</li> <li>• Increased first trimester prenatal care</li> <li>• Decreased incidents of abuse/neglect</li> <li>• Increased number of children receiving scheduled health and developmental assessments</li> </ul>
<b>3</b> Families will provide an environment that supports the physical, mental, emotional, social, intellectual, and linguistic development of their children.	<ul style="list-style-type: none"> <li>• Increased percentage of children covered by health insurance.</li> <li>• Increased participation in parental support programs</li> <li>• Increased family literacy.</li> <li>• Decreased use of tobacco/alcohol/drug by pregnant women and parents.</li> <li>• Decreased domestic violence</li> </ul>

TABLE 5





## Programs, Services, Projects



**The programs, services and projects** identified in this section all have been developed in accordance with the guidelines adopted by the Commission and are listed below. Providers selected by the Commission to implement these programs, services and projects will be expected to adhere to these guidelines.

### Program Guidelines

- Community involvement in identifying needs and innovative solutions to strengthen families with children prenatal to age five.
- Access to quality services for all families.
- Accountability for positive outcomes for children and their families by evaluating program impacts.
- Reduce the use of tobacco products through prevention efforts.
- Maximize the percentage of dollars going to direct services in a timely manner.
- Engage in an ongoing dynamic and evolving strategic planning process.
- Focus on the greatest needs in the community by building on existing resources and filling gaps.
- Honor the social, cultural, ethnic, and linguistic diversity of communities
- Seek inclusive community-wide collaborations to plan and work together.
- Early identification of children's health and learning challenges.
- Children and their families are integrated into NfL's with appropriate and on-going support.

### On-going Programs, Services and Projects

- 1 Children will be emotionally, socially, and academically ready for school.

*A community "that is really concerned with the needs of its young will make the whole environment accessible to them."*

COLIN WARD, "THE CHILD IN THE CITY",  
LONDON: THE ARCHITECTURAL PRESS, 1978, 86.

The Commission's vision and mission address the importance of a community-wide effort in support of young children and their families. Neighborhoods for Learning (NfL) is the way the Commission will achieve school readiness for children. The Commission expects and encourages NfLs to develop their own distinct "personalities" as they evolve. The Commission believes that local neighborhoods and communities can lead the way in shaping the future of their children. Ultimately, the Commission is looking for Neighborhoods for Learning that encourage children to feel good about who they are, to help them understand themselves and their world, to enhance their healthy curiosity about the world, and to support in them an optimistic striving toward what they can become.

The concept for Neighborhoods for Learning is supported by research reported in E.L. Boyer's book *Ready to Learn*. Boyer identifies key components for communities including healthy starts for children, empowering parents, quality preschool, a responsive workplace, neighborhoods for learning and connections across generations. The Search Institute in its





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work “The Asset Approach: Giving Kids What They Need To Succeed,” identifies support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies and positive identity as crucial to the success of children. Over time the Commission will establish Neighborhoods for Learning throughout the county. A neighborhood approach that will encourage communities to identify for its children all the possible spaces, places and opportunities for exercise, exploration, and learning. NfLs are designed to improve access and utilization of comprehensive school readiness services, health care and family empowerment activities. As its name implies, the neighborhood is where learning takes place. The Commission envisions neighborhoods where there are “learning stations” such as libraries, museums, parks, etc., that are integrated with and complementary to more formal school readiness programs.

NfLs would provide a “one stop” service for parents that reduces barriers to information while providing needed services. For example, as part of a NfL, a “Ready-to-Learn Directory” could be developed to help parents locate businesses or services with special children’s services.

It is expected that each NfL will reflect the values and diversity of the community within which it is operated. NfLs can build upon current programs and services by adding components or by the initiation of entirely new projects.

work “The Asset Approach: Giving Kids What They Need To Succeed,” identifies support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies and positive identity as crucial to the success of children.

Over time the Commission will establish Neighborhoods for Learning throughout the county.

Each NfL will have a strong parent component that involves parents not just as consumers but as policy makers and providers. In addition, this model places strong emphasis on widespread community participation to support its activities. As examples, Boyer cites “The Village of Arts and Humanities” in

an inner-city North Philadelphia community.

Artists turned a vacant lot into a community art park where children as young as three created sculptures and murals. In

Evanston, Illinois, the city purchased property to create play spaces for

young children that resulted in a network of “Tot Lots” spread across the city.

The Commission’s goals of school readiness, health, and parent empowerment are reflected in the core activities of each NfL and are designed to improve access to culturally competent quality services, and facilitate collaboration and integration. Below are some of the components expected from each NfL:

- High quality school readiness program
- Outreach/mobile units to improve access to parents and families
- Parent resources including support, education, and assistance in linking to services
- Paraprofessional parent advocates/mentors
- Home visitation for early child assessment
- On-site health clinics for immunizations, screenings, health education, and referral
- Tobacco, Drug and Violence prevention
- Tobacco cessation programs

*... to enhance their  
healthy curiosity  
about the world,  
and to support in  
them an optimistic  
striving toward  
what they can become*





## 2 Children will be physically and mentally healthy.

The American Academy of Pediatrics, as part of its "Healthy Child Care in America" campaign, advocate for a medical home for all children.

*The Commission will place priority on high-risk pregnancies*

Through this medical home high-quality and cost-effective health care services are provided. The strategies identified below are all designed to facilitate access to ongoing comprehensive health care services. These strategies may be conducted as part of or outside a Neighborhood for Learning project.

- **Outreach services** will be utilized to assist families in acquiring health coverage with linkages to continuous health services from family planning to prenatal, hospital and follow up care, and routine health services. Outreach services will be integrated within existing efforts such as Medi-Cal and Healthy Families to help enroll families in health care coverage.
- **Home and community visitation** programs have proven to be effective in improving health outcomes. Home visitation programs in Elmira, N.Y. and in Hawaii have shown among low income and/or at-risk families reduced rates of childhood injuries, reduction in substance abuse, better linkage to pediatric medical care, improved parenting efficacy and more use of non-violent discipline.

(THE FUTURE OF CHILDREN VOL. 9, #1  
"HOME VISITING: RECENT PROGRAM EVALUATION":  
OLDS, ET.AL AND DUGGAN, ET.AL)

The ultimate goal of the Commission is to make home and community visitation available to all parents in the county. However, the cost of providing this to all parents is estimated to cost between \$10 and \$12 million per year (based on approximately 12,000 births per year).

Therefore, the Commission will place priority on high-risk pregnancies such as teenage pregnancy, substance-using (including tobacco) pregnant

women, and women with poor access to health services.

- **Health promotion and education** will be aimed at increasing the community's understanding of health and development issues for infants and young children. Such promotion will include tobacco and drug cessation, violence prevention and information to immigrant populations related to "public charge" issues.

- **Public Health/Parent Resource Specialists** for at-risk referrals will be available including those families of abused and neglected children. Services will include mentoring, assessment, interventions/enhancements and case management.

## 3 Families will provide an environment that supports the physical, mental, emotional, social, intellectual, and linguistic development of their children.

The California Center for Health Improvement, in its findings from the 1997 Children and Youth Survey, reported that 46 percent of parents did not know that the greatest amount of brain development occurs between the ages of 0 to 3. They also reported that 33 percent said they were not very or not at all prepared for parenting and another 36 percent saying they were only somewhat prepared.

The Commission recognizes the significant challenges shared by all families in rearing their children. The Commission further understands that child rearing is

*46 % of parents did not know that the greatest amount of brain development occurs between the ages of zero to three*

*The Commission will support strategies that empower parents*





*Strategies  
that  
lead to  
children  
living in  
nurturing,  
language-rich  
environments*

particularly difficult for families living in or close to poverty, those estranged from community supports and those whom language has been a barrier to receiving adequate and appropriate services.

The Commission will support strategies that empower parents which in turn will lead to children living in nurturing, language-rich environments where parents speak and listen to their children, answer questions and read aloud to them everyday.

- **High quality parent education** utilizing multiple strategies such as mobile reading centers, partnerships with libraries, elementary schools and literacy programs, media, the internet, etc. will be encouraged. Parents are often times “blamed” for not availing themselves of parent education opportunities. However, the Commission heard from hundreds of parents throughout the county, asking for more information and education, and for creative ways of transmitting information that better matches the demands on parents’ time. They strongly advocated for the Commission to be creative in developing and implementing parent education strategies that are easy to access.
- **Subsidized child care** as a strategy for improving access to quality childcare for parents will be a short and long-term commitment. The lack of affordable quality child care can seriously impede a parent(s) from effectively meeting the needs of their children. As reported by the Child Care Planning Council in its Needs Assessment a severe shortage of quality child care placements exist in Ventura County. There are 96,810 children 14 years of age and younger with a single parent or

both parents in the work force. Ventura County has approximately 30,000-licensed child care spaces. The Commission will consider subsidizing child care for low income families who do not qualify for other state and federal subsidies, subsidizing quality child care fees on a sliding scale to all families with at-risk children, and offering stipends or subsidies to caregivers providing weekend and evening care.

- **Family-friendly workplace** policies can have a major positive impact on parents. The Commission will work with county-wide and local business groups as well as individual businesses to develop policies and practices that promote family strengthening, such as onsite childcare, family leave, parent education on site and flexible work scheduling that support parents with their parental responsibilities.
- **Intergenerational mentoring** provided by older adults in the community can be an innovative and low cost way to support families (Boyer). In conversations with parents living in high-risk situations, many reported isolation from the community. They also spoke of the need for guidance, support and respite. A “grandteacher” mentoring program is proposed where older people are trained to provide emotional, psychological and social support and guidance to parents requesting such support.

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## One-Time Projects and Investment Funds

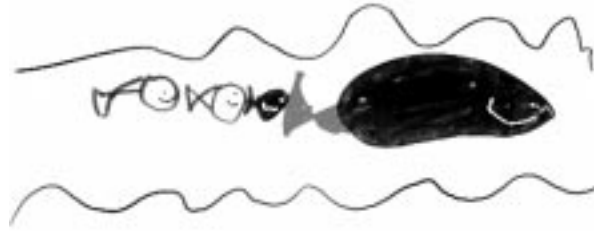
Proposition 10 went into effect on January 1, 1999 and the tax revenue has been accruing since that time. The estimated accrual for Ventura County as of June 30, 2000 is approximately \$17,400,000. The Commission has designated some one-time funding projects, community investment strategies, and long term investment plans for the use of these funds.

- **Start-up Costs** to set up the Commission's administrative infrastructure supports. Start-up funds may be used to lease office space, purchase furniture, equipment and office supplies, acquire a communication system, etc. Any unexpended funds will be reverted to direct services.
- **Barrier Reduction Grants** are designed to provide one - time funding to existing service providers to improve access to quality services for children and families due to special needs and circumstances. The Commission anticipates funding projects such as, eliminating physical barriers to improve handicap access, elimination of transportation impediments, improving the linguistic capacity of service providers and assisting providers in acquiring licensure and accreditation.
- **High Impact/Innovation Project Grants** will provide one-time funds for innovative ideas and "best practices" that have the potential for high impact in any or all of the goal areas set by the Commission. In establishing this fund, the Commission hopes to encourage creative thinking, ideas "outside of the box" that in addition to having a positive impact has potential to be replicated.

- **Operating Reserves** have been designated to ensure sufficient cash is available to meet operating costs and other obligations. These reserves will remain liquid and replenished on a regular basis as funds are expended.
- **Community Investment Funds** are designed to increase the capacity and infrastructure of programs serving young children and their families where there is a documented need for expansion. The Commission will provide these funds as low interest loans and/or as "seed" money to attract other investors. The Commission will establish priorities for under-served populations and geographic locations such as infant/toddler care, medically fragile children, or areas lacking in accessible services. To the extent loans are repaid and funds used again for loans or if some portion of the loan funds can be joined with private loans, the real impact will be far more significant over time.
- **Endowment Fund** is designed to assist in providing long term financial stability. The Commission will develop prudent strategies that seek to preserve an adequate level of funding while minimizing risk and maximizing the return on investment.

The Commission will delineate in specific detail all expectations, qualifications and program components in its request for proposal process, including how the programs will be assessed and evaluated. Applications for funding will be designed to allow newcomers, as well as existing providers, to apply for funds with technical assistance available.





# Support Strategies



**This section identifies support strategies** that will facilitate the attainment of the desired outcomes for improved child development, improved child health, and family functioning. Support strategies have been identified as follows: community education projects, child development training, special needs studies, resource and capacity building, and community partnerships.

## Community Outreach and Education Projects

### Goals

- To reach families with young children in Ventura County with news and information on programs and services to help them.
- To inform all audiences of the importance and value of early childhood development.
- To ensure residents of Ventura County are aware of the value of the Commission's programs.
- To create a community-wide education fund.
- To facilitate public and private partnerships

### Indicators

- General public awareness of the goals and strategies of the Commission.
- General public understanding of key early childhood development issues.
- Attitude, behavior, and knowledge changes among targeted audiences.

### Strategies

A creative, dynamic campaign that links diverse communities in Ventura County to the common goal of doing more to nurture young children is the cornerstone of this strategy. We will emphasize an "action" oriented approach which will create the "call to action" opportunities for individuals and organizations throughout the county. The following are examples of possible strategies.

- Establish Commission Ambassadors who would facilitate the distribution of materials to communities and provide direct communication with target audiences.
- Utilize multi-media approaches including, a mobile information bus, radio public service announcements, press kits, hotline for information and the ongoing development of a website.
- Explore developing a unified community education project and fund with organizations already engaged in projects consonant with the goals of Proposition 10.
- Explore with non-profit hospitals the potential for aligning their benefit plan community service requirements/objectives with the Commission's objectives.
- Develop corporate partnerships.
- Coordinate with the State Commission's media efforts.





## Child Development Training, Special Needs Studies, Resource and Capacity Development, and Community Partnership-Center for Excellence in Early Childhood Development

The Commission will seek partnership with one or more agency, organization, or institution of higher education that has the administrative and technical expertise to develop and operate a Center for Excellence in Early Childhood Development. The Center is created to improve the quality and capacity of the community to better serve and support young children and their families.

The Commission's partner in this endeavor will be expected to seek and receive financial and in-kind support in addition to the funding received from the Commission. To ensure the Center is of the highest quality, an oversight board will be established consisting of Commission members, University or agency representatives and community members.

The Center will have responsibility for the following:

### Training

#### Goals

- To increase the quality and expertise of individual service providers and programs.
- To increase the effectiveness and efficiency of collaboration and integrated services.

#### Strategies

- Develop and implement a comprehensive training plan for providers and parents.
- Develop and implement multiple training processes to reach diverse audiences.
- Formulate a list of training resources to be used to implement the training plan.
- Provide technical assistance.
- Training Areas: special needs children and families, 2nd language, diversity and cultural competency, infant care and development, leadership and management competency, results accountability/evaluation and others to be developed.

## Special "Needs" Studies

#### Goals

- To increase the knowledge base in specified areas of concern.
- To utilize acquired knowledge to formulate policy and modifications to the strategic plan.

#### Strategies:

- Contract for "needs" studies that fill in the information gaps.
- Activities (examples):
  - Study families whose young children have been made dependents of the court.
  - Study, by individual school and school district, the number and percentage of children entering kindergarten having attended preschool.

## Resource and Capacity Development

#### Goals

- To attract potential new providers of services to young children and families.
- To facilitate local community groups to participate in improving outcomes for young children and families.
- To expand opportunities/supports for parents choosing to stay home with their children.

#### Strategies

- Initiate community outreach campaigns specific to the accomplishment of the above goals.
- Provide "seed" money for planning and start-up.
- Provide technical assistance.

## Community Partnerships

#### Goals

- To expand community partnerships for the purposes of achieving the goals of the strategic plan.
- To increase the resources, especially financial, dedicated to achieving the goals of the strategic plan.





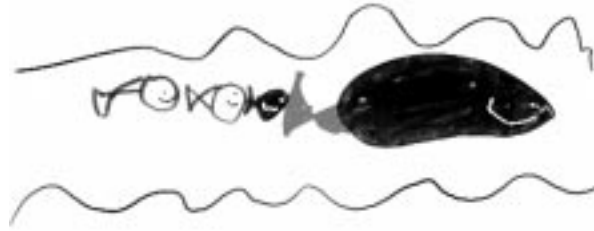
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## SUPPORT STRATEGIES

Strategies:

- Research and develop modalities for developing, sustaining community partnerships.
- Develop specific “financial models” that can be used by the Commission and providers to maximize its revenue.
- Provide technical assistance.





# Results Accountability Plan



**Accountability is critically important** to our long-term success. Through this results-based accountability plan we will have an effective way to determine the extent to which our efforts affect the kinds of changes we seek. Our evaluation will also provide ongoing information on unmet needs, where fragmentation exists, which services are having the best outcomes, and the degree to which we are meeting the changing needs of children and their parents.

Our evaluation efforts will utilize data to create a continuously improving system that seeks to find better ways to deliver services to young children and their families.

The Center for Excellence in Early Childhood Development as described in the previous section will have responsibility for results accountability. All providers receiving funds from the Commission will be required to participate in the development of the results accountability plan and in data collection.

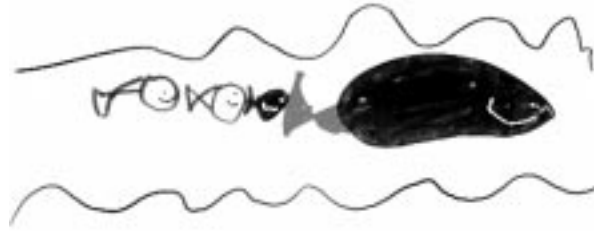
## Goals

- Determine the effectiveness of programs, services and systems supported by Proposition 10 resources.
- Increase providers capability to evaluate services.
- Provide continuous information to the Commission and the community on the status of services and of young children and their families in Ventura County.

## Strategies

- Institute protocols for the collection of outcome data.
- Conduct analyses of data.
- Provide annual results accountability reports to the Commission.





# Infrastructure Support Strategies

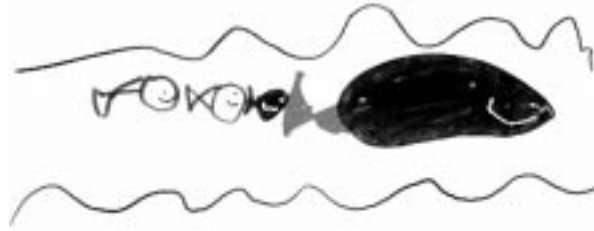


**The Commission faces** a unique challenge as it seeks to implement this plan while at the same time establish its own organizational infrastructure. The guiding principle adopted as policy by the Commission is to *minimize all administrative costs*. In addition, the Commission is making every effort to establish itself as an independent entity with full authority over all programmatic, administrative and financial responsibilities.

The Commission has approved an Executive Director position to provide administrative leadership. The Executive Director will develop and submit to the Commission a detailed plan for the ongoing administration.

Immediate tasks include establishing an office, developing a staff/contractor plan, identifying communication hardware and software needs, and the development of the contracting for services process.





# Money Management



**The development and implementation** of effective financial strategies is essential to the long-term success of this plan. Revenues received from Proposition 10 provide unique opportunities and challenges. The estimated revenue for Ventura County, \$11.7 million per year is a substantial new resource for the County. However, the identified needs and related services far exceed the available revenue. A challenge for the Commission is how to most effectively and efficiently utilize these funds.

*Money received from Proposition 10 will lessen over time*

We expect money received from Proposition 10 will lessen over time as fewer people smoke. In addition, we anticipate that the cost of program delivery will increase. Therefore, financial management strategies must take advantage of the unique flexibility of Proposition 10 as a funding source to mitigate the loss of any “buying power.”

Strategies have been designed to maximize opportunities to leverage funds with partners in the public and private arenas, to realize a prudent return on investment, and to develop a growing and sustainable revenue source over the long term.

The Commission has adopted the following principles as a guide to its financial planning and decision-making:

## Principles for Money Management

- Develop a comprehensive and successful money management strategy to offset the future erosion of available revenue due to decreased tobacco consumption and increased cost of program delivery.
- Partner with other agencies/providers for better fiscal efficiency and sustainability.
- Reinvest savings generated by the investment of Proposition 10 funds in early childhood program and families.
- To the extent possible, use Proposition 10 funding to draw upon state and/or federal matching funds and/or to attract private contributions.
- Develop investments to maximize available funding by:
  - Ensuring the safety of the principal;
  - Ensuring appropriate liquidity; and
  - Maximizing the return on the investment considering safety and liquidity.

*Financial management strategies must mitigate the loss of any ‘buying power.’*

